



STATE OF WASHINGTON  
APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT

RECEIVED

NOV 18 2010

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

FOR OFFICE USE ONLY

CHANGE No. 16-10-02 WRIA 41

DATE ACCEPTED 09/27/10 BY 24

FEE \$ \_\_\_\_\_ REC'D \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

CHECK No. \_\_\_\_\_

ECY Coding: 001-002-WR10285-000011

SEPA: ☒ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| APPLICANT/BUSINESS NAME<br><u>TROY Kissler</u> | PHONE NO.<br><u>509 942-9952</u> | FAX NO.<br>( )           |
| ADDRESS<br><u>1075 DAVIS Rd W</u>              |                                  |                          |
| CITY<br><u>Odessa</u>                          | STATE<br><u>Wa</u>               | ZIP CODE<br><u>99159</u> |

|  |                  |                |
|--|------------------|----------------|
| CONTACT NAME (IF DIFFERENT FROM ABOVE) | PHONE NO.<br>( ) | FAX NO.<br>( ) |
| ADDRESS                                |                  |                |
| CITY                                   | STATE            | ZIP CODE       |

**2. Water Right Information:**

|  |  |
|--|--|
| WATER RIGHT OR CLAIM NUMBER<br><u>63-23008</u>   | RECORDED NAME(S)<br><u>Lamar Kissler</u> |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                  |  |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS:  |  |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

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APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ CERT. OF CHANGE NO. \_\_\_\_\_

CG3-23008C101  
4704757



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

| SOURCE | NO. | 1/4 | 1/4 | SEC. | TWP. | RGE. | PARCEL #      | WELL TAG # |
|--------|-----|-----|-----|------|------|------|---------------|------------|
| Well   | C   | NE  | NE  | 19   | 21   | 31   | 2131019700024 |            |
| Well   | D   | NE  | NE  | 19   | 21   | 31   | 2131019700024 |            |

#### B. Proposed

| SOURCE | NO. | 1/4 | 1/4 | SEC. | TWP. | RGE. | PARCEL #      | WELL TAG # |
|--------|-----|-----|-----|------|------|------|---------------|------------|
| Well   |     | NE  | SE  | 17   | 20   | 31   | 2031170410001 |            |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO      PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

### 4. Purpose of Use:

N/C

#### A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |

#### B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |

### 5. Place of Use:

N/C

#### A. Existing

| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: |     |      |      |      |        |          |            |
|---|-----|------|------|------|--------|----------|------------|
|   |     |      |      |      |        |          |            |
|   |     |      |      |      |        |          |            |
|   |     |      |      |      |        |          |            |
| 1/4   | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|   |     |      |      |      |        |          |            |

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

#### B. Proposed

| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: |     |      |      |      |        |          |            |
|---|-----|------|------|------|--------|----------|------------|
|   |     |      |      |      |        |          |            |
|   |     |      |      |      |        |          |            |
|   |     |      |      |      |        |          |            |
| 1/4   | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|   |     |      |      |      |        |          |            |

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

*Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_



**6. Remarks and Other Relevant Information:**

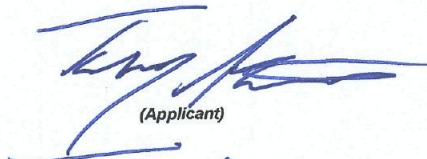
|   |
|---|
|   |
|   |
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|   |
|   |
|   |
| IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____ |

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

**7. Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

  
(Applicant)

11/9/2010  
(Date)

  
(Water Right Holder)

11/9/2010  
(Date)

  
(Land Owner(s) of Existing Place of Use)

11/9/10  
(Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_